



Employee Information Form for Transfers (EIFT)

This form is used for Employees transferring To and From the Executive Branch between other agencies that are not on Centralized Payroll, such as DOT and Regents. It is the responsibility of the incoming agency to obtain the information requested on this form.

First Name: _____ Middle Initial: _____ Last Name: _____

Last 4 digits of Social Security Number: _____

Vacation Balance: _____ Vacation Accrual Rate: _____ Vacation ceiling: _____

Sick Leave Balance: _____ Sick Leave Accrual Rate: _____

Total Sick Leave Converted: _____ Sick Conversion Ceiling: _____

Family Care Used: _____ Family Care Balance: _____

FMLA hours used Fiscal Year to Date (FYD): _____

Number of Hours Worked in the Last 12 Months: _____

Military Leave Hours Used YTD: _____

Employment Dates

Original Hire Date: _____ Continuous Service Date: _____

Current Benefits Selections For DOT Transfers Only

Life

Basic: \$
Supplemental: \$

Health

Health Plan:
____ Family
____ Single

Dental

____ Family
____ Single

Please send a copy of your employees Personnel file to the receiving HRA using one of the following methods:

Mail to: _____

Fax: _____

Email: _____